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SECRETARY OF STA

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R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Doug's Drains & More, Inc. DOCUMENT NUMBER: P02000110342 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LYNN ADAMS Name of Contact Person IT'S YOUR MONEY, LLC Firm/ Company ATLANTIC BEACH, FL 32233-2885 City/ State and Zip Code ITZYOURMONEY@COMCAST.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904 270-2876

Area Code & Daytime Telephone Number LYNN ADAMS Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

到上廊 OCT -9 PH 3:04

DOUG'S DRAINS & MORE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATES

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ndment(s) to

P02000110342			•
(Documer	nt Number of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this Florida	Profit Corporation adopts the follo	wing amendmen
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A		he abbreviation
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADD RESS)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			<u> </u>
D. If amending the registered agent an new registered agent and/or the new	v registered of fice address:	_	
Name of New Registered Agent	IT'S YOUR MONEY,	LLC	
	2768 SRA1A # 308		
	(Florida street addre	:5)	
New Registered Office Address:	ATLANTIC BEACH	Florida 32233-28 (Zip Code	385
	(City)	(Zip Code	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar with and		ion.
St_i	gnature of New Registered Agent, if	nanging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	TYLER PARSONS	2453 BAYWAY COURT
XAdd			ATLANTIC BEACH, FL 32233
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			•
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)				
	 				
					
					
					
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		·····			
f an amendment provides for an exch	ange reclassificat	ion or concellation	oficeuad shares		
provisions for implementing the ame	ndment if not cont	ained in the amendr	nent itself:		
(if not applicable, indicate N/A) 1000 STOCK 1. 1000 SHOCK 1.				Dallan	0/0/1
10 70 310CK 1.	ssued to	Dougla	15 19, 1		1.1.
10% Stock 13	ssued to	Tyler	C. PAYSO	NS G	3/0///
			<i>y</i>		
					
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The date of each amendment(s) adoption: 10/1/2013	, if other than the
date this document was signed. Effective date if applicable: 10/1/2013	_
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_10/1/2013	
Signature Shi P	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
DOUGLAS M. PARSONS	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)